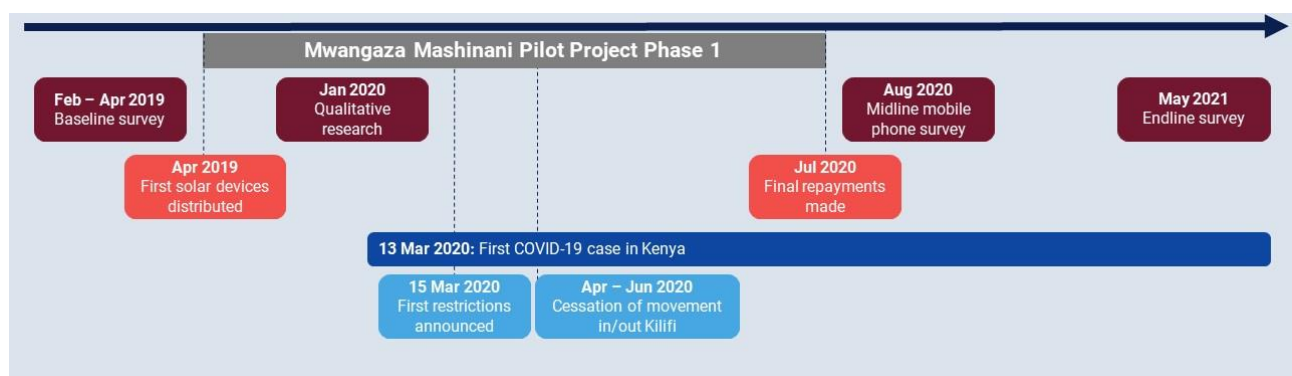


# COVID-19 Brief: Evidence from Kilifi and Garissa

## Introduction

Oxford Policy Management (OPM) has been contracted by UNICEF to conduct an independent, mixed methods evaluation of the Mwangaza Mashinani project. The Mwangaza Mashinani project is an innovative pilot project designed to enhance energy access to the most vulnerable segment of the Kenyan population in order to increase their wellbeing in terms of health, education and livelihoods with a particular focus on women and children. The project provided bi-monthly cash top-ups to 2,000 households residing in Kilifi and Garissa who are enrolled in the Inua Jamii cash transfer programme and wish to purchase a small solar device for lighting on a pay-as-you-go basis.

The primary purpose of the evaluation is to generate robust evidence on whether and how the project has impact on the quality of life of children and their families in terms of education, health and livelihoods. The evaluation is also looking at the effectiveness of project implementation and operational modalities. The evaluation design was adapted due to the COVID-19 pandemic to ensure that we are still able to produce rigorous evaluation results and to allow us to gather timely evidence to support the COVID-19 response in Kenya.



As part of the mixed methods evaluation, OPM has undertaken several research activities including an endline household survey conducted between April and June 2021. The results presented in this brief include a sub-set of indicators related to COVID-19 drawn from the endline survey. We believe this evidence can be used to inform UNICEF’s response to and planning for the ongoing COVID-19 pandemic. Other research activities include a baseline quantitative survey, a midline remote quantitative survey, qualitative research at the household level, a national-level implementation review and a value-for-money study. The full set of results from all research activities are presented in the Mwangaza Mashinani endline evaluation report.

## The endline survey

The endline survey took place between April and June 2021. The endline survey covered 1,114 households who were sampled for the evaluation of the Mwangaza Mashinani project in Kilifi and Garissa. The table below provides a breakdown by county and gender of the household head.

County	Number of households	Number of female-headed households
Kilifi	744	433
Garissa	370	188

Following the quasi-experimental design of the impact evaluation, the quantitative survey sample includes 567 households intended to be enrolled in the project ('treatment' households) and 547 households not enrolled in the project ('comparison' households). We collected data on COVID-19 knowledge and behaviours and indicators related to programme implementation and impact.

It is important to note that the Mwangaza Mashinani project is targeting a specific group of households in Kilifi and Garissa. Specifically, these households are vulnerable households that are enrolled in the Inua Jamii, do not have access to electricity, have at least one school going child and are interested in purchasing a solar home system. Therefore, the sample interviewed for this survey is representative of this specific population of households. While these results are not representative of the population in these counties, they are indicative of the views of vulnerable households in Kilifi and Garissa.

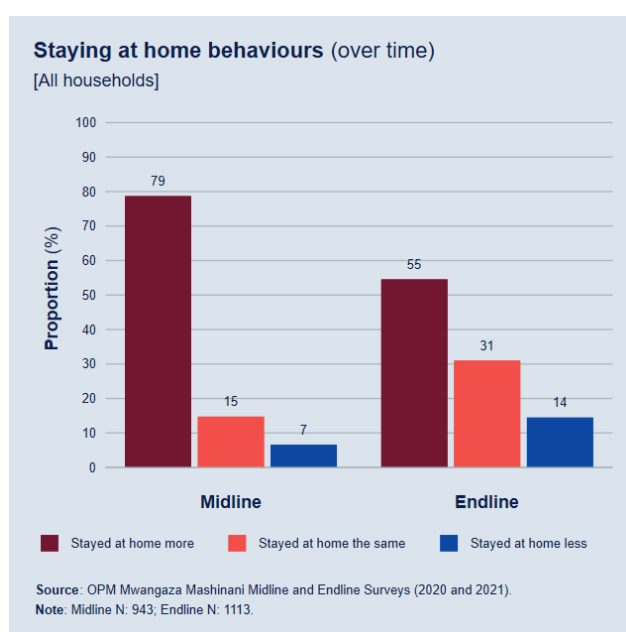
## COVID-19 behaviour

This section presents findings on risk-mitigating behaviours that can reduce the spread or likelihood of contracting COVID-19.

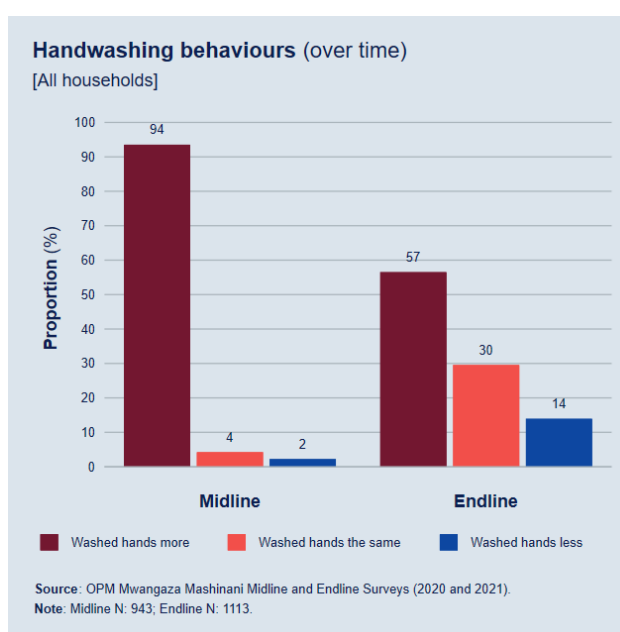
In mid-2021, 55% of households stayed at home more often in the 7 days prior to survey relative to pre-pandemic levels (Figure 1). This percentage has declined since the midline survey, when 79% of households were staying at home more often. The results also indicate an increase in the percentage of households staying at home the same or less relative to midline survey findings.

A similar trend is observed for handwashing behaviours, as displayed in Figure 2. At midline, 94% of households washed their hands with soap more frequently in the past 7 days compared to pre-pandemic levels. At endline, the percentage falls to 57%. There are also notable increases in the percentage of households washing their hands the same or washing their hands less, with the latter increasing from 2% of households at midline to 14% at endline.

**Figure 1: Staying at home behaviours**



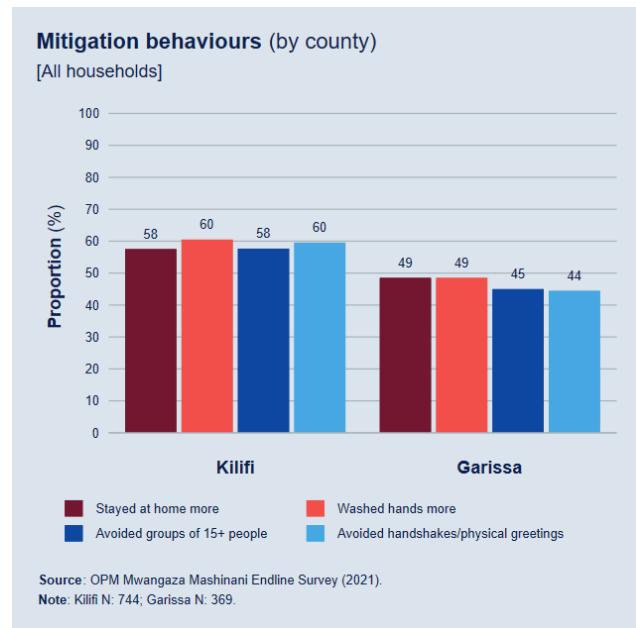
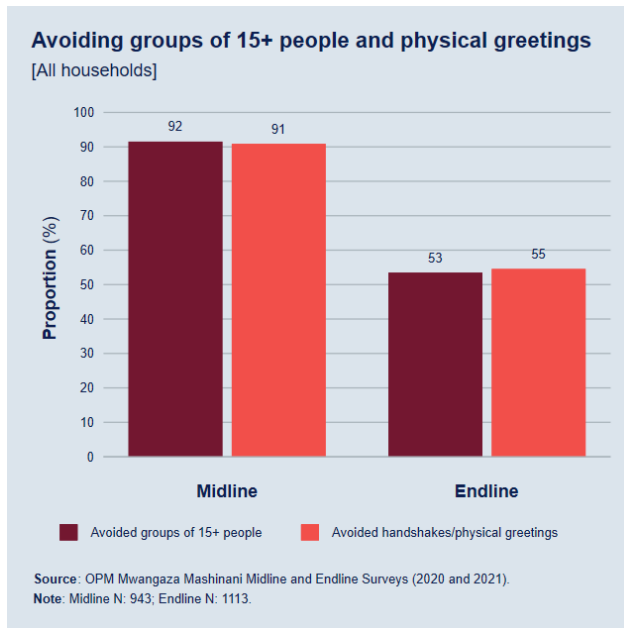
**Figure 2: Handwashing behaviours**



As part of both the midline and endline surveys, households provided information on whether they avoided large groups (more than 15 people), and whether they avoided handshakes or physical greetings, in the 7 days prior to survey. As Figure 3 displays, while 53% and 55% of households reported avoiding large groups and physical greetings, respectively, there has been a large decrease in these behaviours relative to midline. The percentage of households avoiding large groups fell by 39 percentage points, and the percentage of households avoiding handshakes/physical greetings fell by 36 percentage points.

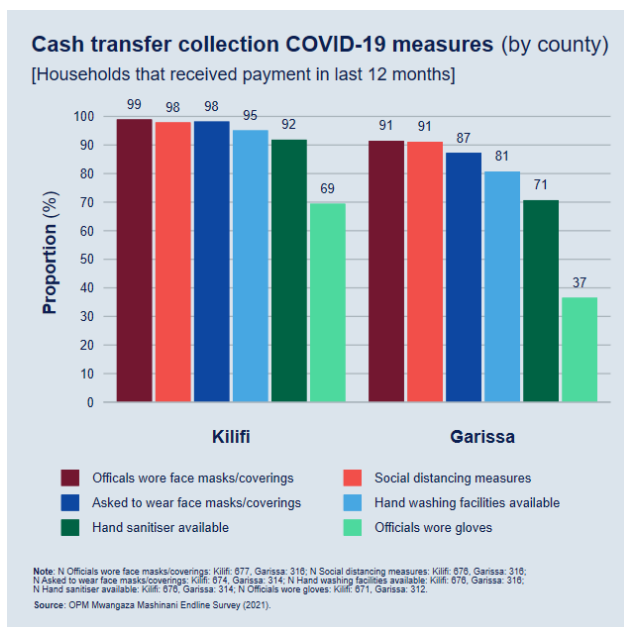
At endline, there was a notable difference between households' mitigation behaviours in Kilifi and Garissa (Figure 4). In Kilifi, 58% of households stayed at home more often, relative to 49% in Garissa. More households in Kilifi (60%) were washing their hands with soap more frequently compared to households in Garissa (49%). Avoidance behaviours were more commonly reported in Kilifi, with 58% households avoiding large groups in the 7 days prior to the survey, relative to 45% in Garissa. In Kilifi, 60% of households avoided handshakes/physical greetings in the 7 days prior to the survey, relative to 44% in Garissa.

**Figure 3: Avoiding large groups & physical greetings** **Figure 4: Mitigation behaviours by county**



We also asked households about the COVID-19 mitigation measures in place when they went to collect their cash transfer payments (Figure 5). Overall, the great majority of households reported that officials wore face masks/coverings (97%), that social distancing measures were in place (96%), that hand washing facilities were available (91%), and that hand sanitiser was available (85%). A smaller proportion reported that officials wore gloves (59%). In addition, almost all households (95%) were asked to wear face masks/coverings when collecting their cash transfer payments.

**Figure 5: Cash transfer collection COVID-19 measures**



All cash transfer collection COVID-19 mitigation measures were more commonly found in Kilifi than Garissa. Most notably, 69% of households reported that officials wore gloves in Kilifi relative to 37% in Garissa; 92% had hand sanitiser available in Kilifi relative to 71% in Garissa; 95% had hand washing facilities in Kilifi relative to 81% in Garissa, and 98% were asked to wear face masks/coverings in Kilifi relative to 87% in Garissa.

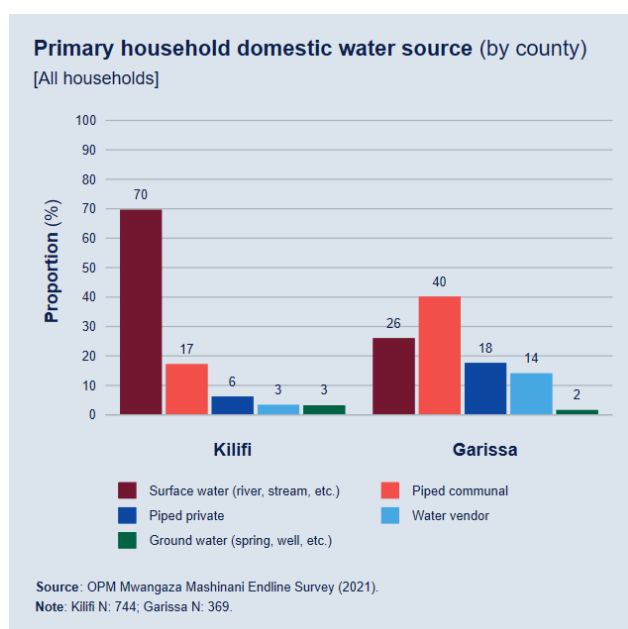
## Access to water and soap

This section presents findings on households' access to water and soap, as well as the challenges associated with accessing water for domestic needs.

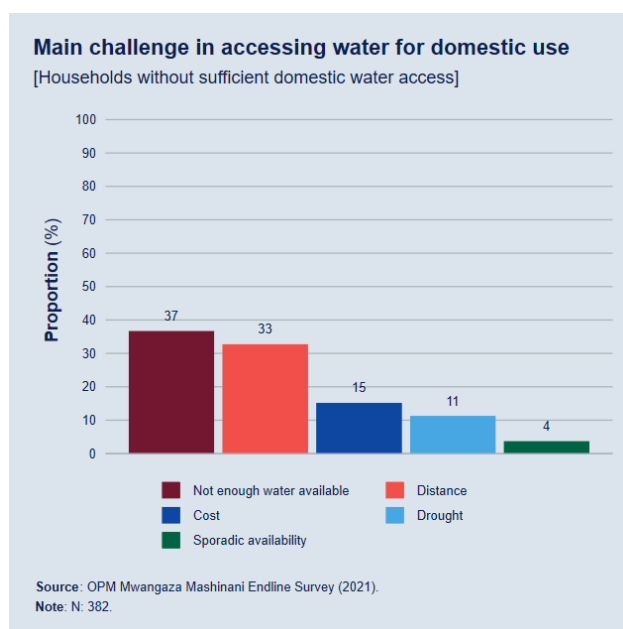
Figure 6 shows surveyed households' main water sources for domestic use, presented by county. In Kilifi, respondents' domestic water is sourced from surface water (70%), communal pipes (17%), private pipes (6%), water vendors (3%) and ground water (3%). In Garissa, respondents' domestic water is sourced from communal pipes (40%), surface water (26%), private pipes (18%), water vendors (14%), and ground water (2%). The survey results show that 12% of female-headed households' main water source is from a private pipe, relative to 8% of male-headed households.

Overall, 66% of households reported that they have access to enough water for domestic use, with differences by county. Households in Garissa (73%) more commonly reported sufficient water access than households in Kilifi (62%). There was no significant difference between male-headed and female-headed households.

**Figure 6: Primary household water source**



**Figure 7: Main water access challenge**



The main challenges faced by households in accessing sufficient water for domestic use are presented in Figure 7. For these households, their main barrier to accessing sufficient water was water availability (37%), distance (33%), cost (15%), drought (11%), and sporadic availability (4%).

Water access challenges differed across the two counties. Relative to households in Garissa, households in Kilifi more commonly reported that their main challenge in accessing water for domestic use was water availability (by 11 percentage points), or drought (by 7 percentage points). On the other hand, relative to households in Kilifi, households in Garissa more commonly reported that cost was their main challenge (by 11 percentage points), or distance (by 10 percentage points). There were no notable differences between female- and male-headed households.

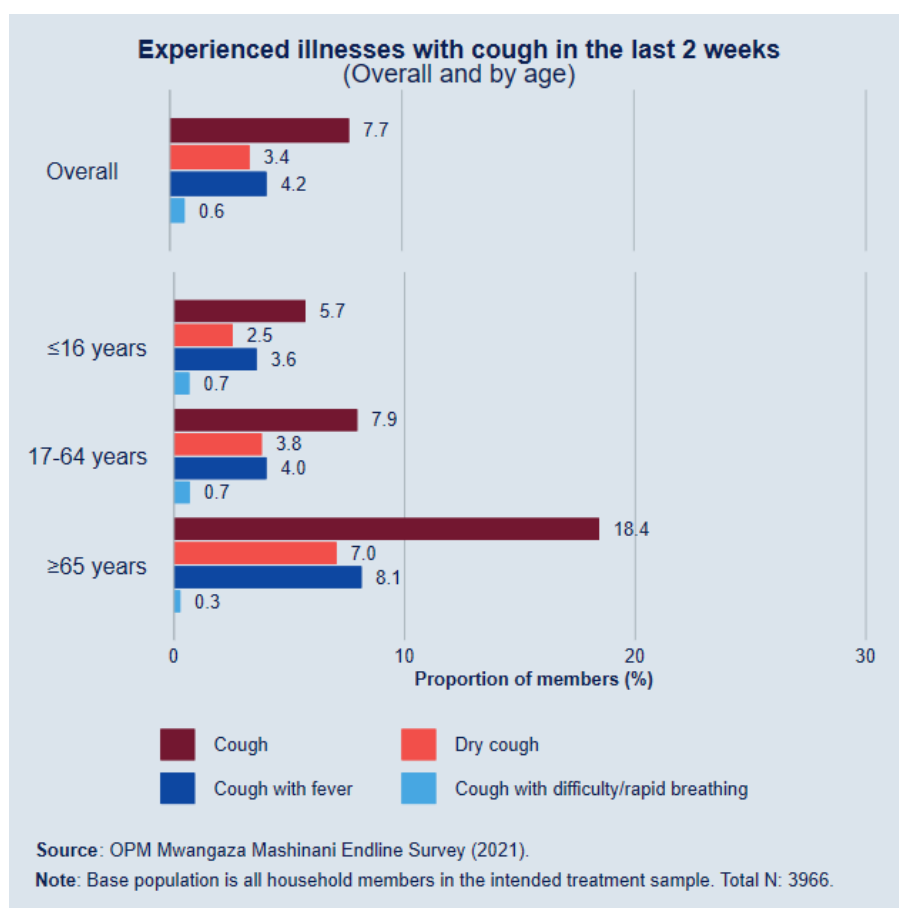
Overall, the majority of households (74%) reported having sufficient soap for handwashing with more households in Garissa (80%) reporting that they had sufficient soap for handwashing compared to Kilifi (71%).

## Health outcomes and access to health care

This section presents findings on household members’ health, particularly focusing on the incidence of certain symptoms commonly associated with COVID-19, namely cough, dry cough, cough with fever, and cough with difficulty/rapid breathing, in the two weeks preceding the survey. This section also discusses households’ access to healthcare and the barriers to access during the pandemic.

As part of the in-person endline data collection, a screening protocol was administered to each household before the interview to check if any household members were suffering from COVID-19 or if the respondent was displaying symptoms associated with the virus. While very few households failed the screening protocol and as a result were not interviewed, the administration of the protocol might have discouraged some households from reporting COVID-19 related symptoms, given the social distancing measures they would be subjected to if found to be displaying symptoms.

**Figure 8: Experienced illness with cough**



The findings indicate that a small proportion of household members experienced a cough (8%), dry cough (3%), cough with fever (4%), and cough with difficulty or rapid breathing (1%) in the two weeks preceding the survey. A very small percentage of the overall sample reported experiencing a fever without a cough (5%). Among the small proportion of the sample who reported a cough, 54% also experienced a fever while 8% also had difficulty breathing.

There were no substantive differences in symptoms experienced by household members on the basis of gender. However, as we observed at midline, more household members in Kilifi than Garissa reported having experienced a cough (by 6 percentage points), dry cough (by 2 percentage

points), cough with fever (by 2 percentage points) and cough with difficulty breathing (by 1 percentage point). As shown in Figure 8, household members aged 65 and over were more likely to experience a cough and related symptoms relative to younger members.

The findings collected at endline relating to coughs and related symptoms are similar in magnitude to those collected at midline. Cough and cough with fever were reported marginally more frequently at endline (by 1 percentage point), whereas cough with difficulty or rapid breathing was slightly more common at midline (by 1 percentage point).

The survey findings show that 47% of surveyed households had a household member who required medical treatment since the beginning of the pandemic. Of these households, 90% were able to access the medical care they required. Of those who could not access the required medical care, the most common reasons included an inability to afford care (35%), health facility being closed (31%), and lack of nearby medical facilities (19%).

There were significant differences across counties. More households had members who required medical treatment in Kilifi (52%) than Garissa (38%) and more household members in Kilifi (93%) were able to access the required medical care than in Garissa (83%). The main barrier to accessing medical care in Kilifi was the inability to afford care (44% compared to 24% in Garissa). In Garissa, the main barrier to access was that the health facility was closed (40% compared to 22% in Kilifi).

## Education

This section presents findings on the extent to which children were able to engage in remote education at home since the schools were closed in March 2020 and before reopening in 2021. These are the only education-related findings from our survey that we believe are relevant from a COVID-19 perspective.

The survey found that only a small minority of households (6%) had school-going children who engaged in any learning activities on a mobile device between March and December 2020. This was almost entirely driven by households in Kilifi where 9% of households had children engaging in mobile phone-based learning activities compared to only 0.3% of households in Garissa. There were no significant differences by gender of the household head.

In those households in which children engaged in mobile phone-based learning activities, children spent on average 2 hours per day learning. This was consistent across counties and across male- and female-headed households.

## Summary of findings

In this section, we summarise the key findings presented in this brief.

In relation to **COVID-19 behaviour**:

- Over half of households report to be staying home and washing hands more frequently, and avoiding large groups and physical greetings, relative to pre-pandemic levels.
- Relative to the midline survey findings, substantially fewer households report staying home, washing hands more often, avoiding large groups and avoiding physical greetings at endline.
- Households in Kilifi more commonly reported adherence to COVID-19 mitigation behaviours than in Garissa.

- A high percentage of households reported that cash transfer collections were conducted using social distancing measures, with officials and attendees wearing face masks/coverings. However, officials wearing gloves and hand sanitiser availability was less common. These COVID-19 mitigation behaviours were more commonly followed in Kilifi relative to Garissa.

Regarding **access to water and soap**:

- There are county-level differences in the most common method of accessing water for domestic needs. In Kilifi, the most common method is surface water, while in Garissa it is piped communal water.
- Around two-thirds of households have access to enough water for domestic use, with households in Garissa more commonly reporting sufficient access than those in Kilifi. Primary challenges to water access include water availability, distance, and cost.
- Around three-quarters of households had sufficient soap to wash their hands.

In terms of **health**:

- The findings indicate that a small proportion of household members experienced a cough, dry cough, cough with fever and cough with difficulty or rapid breathing in the two weeks preceding the survey. Among this small population, more household members aged 65 and older compared to younger household members reported having experienced cough and related symptoms.
- The findings collected at midline and endline are similar in terms of the percentages of household members affected by coughs and related symptoms.
- Around half of households had a member requiring medical attention during the pandemic. Of these, 90% were able to access the required medical care. Cost and closure of health facilities were the most common reasons preventing access to treatment.

Finally, in relation to **education**:

- Only a minority of households had school-going children who engaged in learning activities on a mobile device between March and December 2020. There was a striking difference between counties, with more households in Kilifi than Garissa having school-going children engaged in mobile phone-based learning activities.